



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2012**  
**Open to Public Inspection**

**A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization ALVIN AILEY DANCE FOUNDATION INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 405 WEST 55TH STREET City or town, state or country, and ZIP + 4 NEW YORK, NY 10019 <b>F</b> Name and address of principal officer BENNETT RINK 405 WEST 55TH STREET NEW YORK, NY 10019	<b>D</b> Employer identification number 13-2584273 <b>E</b> Telephone number (212) 405-9000 <b>G</b> Gross receipts \$ 120,535,877
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number
<b>J</b> Website: WWW ALVINAILEY ORG		<b>L</b> Year of formation 1958 <b>M</b> State of legal domicile NY
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities THE MISSION OF ALVIN AILEY DANCE FOUNDATION IS TO FURTHER THE PIONEERING WORK OF ALVIN AILEY BY ESTABLISHING AN EXTENDED CULTURAL COMMUNITY WHICH PROVIDES DANCE PERFORMANCES, TRAINING AND COMMUNITY PROGRAMS FOR ALL PEOPLE <hr/> <hr/> <hr/> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets <b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . . <b>3</b> 33 <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . . <b>4</b> 32 <b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a) . . . . . <b>5</b> 741 <b>6</b> Total number of volunteers (estimate if necessary) . . . . . <b>6</b> 96 <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . <b>7a</b> 185,289 <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . . <b>7b</b> -4,626																									
<b>Revenue</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .</td> <td align="right">14,322,871</td> <td align="right">10,848,634</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) . . . . .</td> <td align="right">22,819,015</td> <td align="right">23,602,208</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .</td> <td align="right">2,381,028</td> <td align="right">4,433,866</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td align="right">-430,673</td> <td align="right">-655,013</td> </tr> <tr> <td><b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .</td> <td align="right">39,092,241</td> <td align="right">38,229,695</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	14,322,871	10,848,634	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	22,819,015	23,602,208	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	2,381,028	4,433,866	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-430,673	-655,013	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	39,092,241	38,229,695						
	Prior Year	Current Year																								
<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	14,322,871	10,848,634																								
<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	22,819,015	23,602,208																								
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	2,381,028	4,433,866																								
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-430,673	-655,013																								
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	39,092,241	38,229,695																								
<b>Expenses</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td><b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .</td> <td align="right">1,501,633</td> <td align="right">1,466,518</td> </tr> <tr> <td><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .</td> <td align="right">0</td> <td align="right">0</td> </tr> <tr> <td><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td> <td align="right">18,474,855</td> <td align="right">19,031,304</td> </tr> <tr> <td><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .</td> <td align="right">0</td> <td align="right">0</td> </tr> <tr> <td><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>2,028,877</b></td> <td></td> <td></td> </tr> <tr> <td><b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .</td> <td align="right">14,575,615</td> <td align="right">14,876,774</td> </tr> <tr> <td><b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td> <td align="right">34,552,103</td> <td align="right">35,374,596</td> </tr> <tr> <td><b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .</td> <td align="right">4,540,138</td> <td align="right">2,855,099</td> </tr> </tbody> </table>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	1,501,633	1,466,518	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	18,474,855	19,031,304	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>2,028,877</b>			<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	14,575,615	14,876,774	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	34,552,103	35,374,596	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	4,540,138	2,855,099
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	1,501,633	1,466,518																								
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0																								
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	18,474,855	19,031,304																								
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0																								
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>2,028,877</b>																										
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	14,575,615	14,876,774																								
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	34,552,103	35,374,596																								
<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	4,540,138	2,855,099																								
<b>Net Assets or Fund Balances</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td><b>20</b> Total assets (Part X, line 16) . . . . .</td> <td align="right">156,824,391</td> <td align="right">162,409,733</td> </tr> <tr> <td><b>21</b> Total liabilities (Part X, line 26) . . . . .</td> <td align="right">20,684,853</td> <td align="right">20,793,011</td> </tr> <tr> <td><b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .</td> <td align="right">136,139,538</td> <td align="right">141,616,722</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	<b>20</b> Total assets (Part X, line 16) . . . . .	156,824,391	162,409,733	<b>21</b> Total liabilities (Part X, line 26) . . . . .	20,684,853	20,793,011	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	136,139,538	141,616,722												
	Beginning of Current Year	End of Year																								
<b>20</b> Total assets (Part X, line 16) . . . . .	156,824,391	162,409,733																								
<b>21</b> Total liabilities (Part X, line 26) . . . . .	20,684,853	20,793,011																								
<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	136,139,538	141,616,722																								

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

<b>Sign Here</b>	***** Signature of officer	2014-05-13 Date
	PAMELA ROBINSON TREASURER & CFO Type or print name and title	
<b>Paid Preparer Use Only</b>	Prnt/Type preparer's name MARTIN GREIF Preparer's signature Firm's name <b>MCGLADREY LLP</b> Firm's address <b>1185 AVENUE OF THE AMERICAS</b> NEW YORK, NY 100362602	Date Check <input type="checkbox"/> if self-employed PTIN P00029738 Firm's EIN <b>42-0714325</b> Phone no (212) 372-1000

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III  **1** Briefly describe the organization's mission

THE MISSION OF THE AILEY ORGANIZATION IS TO FURTHER THE PIONEERING WORK OF ALVIN AILEY THROUGH DANCE PERFORMANCES, TRAINING, EDUCATIONAL AND COMMUNITY PROGRAMS FOR ALL PEOPLE THE ORGANIZATION PLAYS A VITAL SOCIAL ROLE, USING THE BEAUTY AND HUMANITY OF THE AFRICAN-AMERICAN HERITAGE AND OTHER CULTURES TO UNITE PEOPLE OF ALL RACES, AGES, AND BACKGROUNDS

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 14,768,596 including grants of \$ ) (Revenue \$ 11,756,663 )

ALVIN AILEY AMERICAN DANCE THEATER - FOUNDED BY ALVIN AILEY IN 1958, ALVIN AILEY AMERICAN DANCE THEATER NOW ANNUALLY REACHES ABOUT 300,000 AUDIENCE MEMBERS ACROSS THE GLOBE SINCE ITS INCEPTION, THE COMPANY HAS PERFORMED IN 71 COUNTRIES ON 6 CONTINENTS FOR AN ESTIMATED 25 MILLION PEOPLE AT VENUES WORLDWIDE, PLUS TENS OF MILLIONS MORE PEOPLE VIA TELEVISION APPEARANCES IN 2008, THE AILEY COMPANY WAS DESIGNATED "A VITAL AMERICAN CULTURAL AMBASSADOR TO THE WORLD" BY THE UNITED STATES CONGRESS THE COMPANY NUMBERS THIRTY OF THE MOST TALENTED AND VERSATILE DANCERS IN THE WORLD, AND ITS DIVERSE REPERTORY IS UNPARALLELED IN MODERN DANCE A TYPICAL ALVIN AILEY AMERICAN DANCE THEATER SEASON INCLUDES A U S TOUR TO OVER 20 CITIES, EXTENSIVE INTERNATIONAL TOURING, AND TWO ENGAGEMENTS IN ITS HOME BASE OF NEW YORK CITY A SPRING ENGAGEMENT AT LINCOLN CENTER AND A 5-WEEK WINTER ENGAGEMENT AT NEW YORK CITY CENTER, WHERE AILEY IS THE PRINCIPAL DANCE COMPANY AND HAS APPEARED ANNUALLY SINCE 1972

**4b** (Code ) (Expenses \$ 1,957,765 including grants of \$ ) (Revenue \$ 1,109,918 )

AILEY II - LAUNCHED BY MR AILEY IN 1974, AILEY II IS NOW UNIVERSALLY RENOWNED FOR MERGING THE COUNTRY'S BEST YOUNG DANCE TALENT WITH THE CREATIVE VISION OF TODAY'S MOST OUTSTANDING EMERGING CHOREOGRAPHERS AILEY II FLOURISHED UNDER THE LEADERSHIP OF SYLVIA WATERS FROM ITS INCEPTION TO 2011, COMBINING A RIGOROUS TOURING SCHEDULE WITH EXTENSIVE COMMUNITY OUTREACH PROGRAMS NOW LED BY THE DYNAMIC ARTISTIC DIRECTOR TROY POWELL, AILEY II IS COMPRISED OF 12 OF THE AILEY SCHOOL'S MOST PROMISING SCHOLARSHIP STUDENTS AILEY II REACHES AUDIENCES IN MORE THAN 40 CITIES EACH YEAR ACROSS THE U S AND ABROAD THE COMPANY OFFERS ITS DANCERS INVALUABLE PERFORMING EXPERIENCE AND CRUCIAL TRAINING, CREATING A BRIDGE FROM THE CLASSROOM TO THE STAGE

**4c** (Code ) (Expenses \$ 11,063,332 including grants of \$ 1,466,518 ) (Revenue \$ 9,988,472 )

AILEY EDUCATION AND OUTREACH PROGRAMS - THROUGH THE AILEY SCHOOL, ITS EXTENSIVE ARTS IN EDUCATION PROGRAMS, AND THE AILEY EXTENSION, THE ORGANIZATION IS COMMITTED TO BRINGING DANCE INTO THE LIVES OF INDIVIDUALS OF ALL AGES AND BACKGROUNDS FOUNDED IN 1969, THE AILEY SCHOOL IS AN ACCREDITED INSTITUTIONAL MEMBER OF THE NATIONAL ASSOCIATION OF SCHOOLS OF DANCE AND SERVES AS THE OFFICIAL SCHOOL OF THE ALVIN AILEY AMERICAN DANCE THEATER THE SCHOOL OFFERS MORE THAN 300 CLASSES WEEKLY FOR AGES 3 THROUGH 25 IN A BROAD RANGE OF DANCE TECHNIQUES THE SCHOOL'S SCHOLARSHIP PROGRAM PROVIDES ASSISTANCE FOR TALENTED AND DESERVING STUDENTS, MORE THAN 300 SCHOLARSHIPS ARE AWARDED EACH YEAR, WITH OVER 75% OF FINANCIAL ASSISTANCE GOING TO MINORITY STUDENTS IN CONJUNCTION WITH FORDHAM UNIVERSITY, THE AILEY SCHOOL ALSO OFFERS A BACHELOR OF FINE ARTS DEGREE IN DANCE EACH YEAR, AILEY ARTS IN EDUCATION AND COMMUNITY PROGRAMS PROVIDE YOUNG PEOPLE FROM DIVERSE CULTURAL AND ECONOMIC BACKGROUNDS THE OPPORTUNITY TO EXPLORE THEIR CREATIVE POTENTIAL, BUILD SELF-ESTEEM, AND DEVELOP LIFE-SKILLS SUCH AS TEAMWORK AND SELF-DISCIPLINE PROGRAMS INCLUDE AILEYCAMP, A UNIQUE SUMMER DAY CAMP PROGRAM FOR UNDERSERVED CHILDREN IN MAJOR CITIES ACROSS THE UNITED STATES, AILEYDANCE KIDS, WHICH PRESENTS DANCE CLASSES AND CROSS-CURRICULAR LESSONS TO APPROXIMATELY 4,000 PUBLIC SCHOOL STUDENTS IN NY AND NJ, REVELATIONS AN INTERDISCIPLINARY APPROACH, A CURRICULUM-BASED INITIATIVE THAT USES ALVIN AILEY AMERICAN DANCE THEATER'S SIGNATURE PIECE TO TEACH ACADEMIC SUBJECTS IN CLASSROOMS ACROSS THE COUNTRY THE AILEY EXTENSION OFFERS DANCE AND FITNESS CLASSES OPEN TO THE PUBLIC, WITH MORE THAN 80 CLASSES EACH WEEK IN A VARIETY OF TECHNIQUES INCLUDING HORTON, BALLET, WEST AFRICAN, AND ZUMBA SINCE ITS INCEPTION IN 2005, MORE THAN 70,000 PEOPLE HAVE TAKEN CLASSES THROUGH THE AILEY EXTENSION

(Code ) (Expenses \$ 798,799 including grants of \$ ) (Revenue \$ 629,867 )

ANCILLARY ON-SITE COMMUNITY PROGRAMS

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 798,799 including grants of \$ ) (Revenue \$ 629,867 )

**4e** Total program service expenses  28,588,492

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	Yes	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .	Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> . . . . .		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** *(continued)*

<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	No
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>	Yes
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	Yes
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> . . . . .	<b>24a</b>	Yes
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	No
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	No
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	No
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>	No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>	No
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>	No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	Yes
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>	No
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	No
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	<b>37</b>	No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <b>1a</b> 280		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <b>1b</b> 0		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <b>2a</b> 741		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	Yes	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year. <b>7d</b>		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12. <b>10a</b>		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders. <b>11a</b>		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O. <b>13a</b>		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. <b>13b</b>		
<b>13c</b>	Enter the amount of reserves on hand. <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		No
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (33), 1b (32), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CA, FL, MA, MD, NC, NJ, NY, PA, VA
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. PAMELA ROBINSON 405 WEST 55TH STREET NEW YORK, NY (212) 405-9000





**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b>					
	<b>b</b> Membership dues . . . . . <b>1b</b>					
	<b>c</b> Fundraising events . . . . . <b>1c</b>	3,791,555				
	<b>d</b> Related organizations . . . . . <b>1d</b>					
	<b>e</b> Government grants (contributions) <b>1e</b>	530,573				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	6,526,506				
	<b>g</b> Noncash contributions included in lines 1a-1f \$	530,449				
	<b>h Total.</b> Add lines 1a-1f . . . . .	10,848,634				
<b>Program Service Revenue</b>	<b>2a</b> PERFORMANCE FEES		711120	12,866,581	12,866,581	
	<b>b</b> TUITION & TEACHING FEES		611600	9,396,539	9,396,539	
	<b>c</b> STUDIO INCOME		531120	747,155	561,866	185,289
	<b>d</b> STUDENT FEES		611710	445,236	445,236	
	<b>e</b> SCHOOL TICKET SALES		611600	146,697	146,697	
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f . . . . .			23,602,208		
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		2,213,442		2,213,442
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
<b>5</b> Royalties . . . . .			87,182		87,182	
<b>6a</b> Gross rents		(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses				
		<b>c</b> Rental income or (loss)				
<b>d</b> Net rental income or (loss) . . . . .						
<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities	83,403,061			
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses	81,182,637			
		<b>c</b> Gain or (loss)	2,220,424			
<b>d</b> Net gain or (loss) . . . . .			2,220,424		2,220,424	
<b>8a</b> Gross income from fundraising events (not including \$ 3,791,555 of contributions reported on line 1c) See Part IV, line 18 . . . . .		<b>a</b>	238,569			
<b>b</b> Less direct expenses . . . . . <b>b</b>			1,123,545			
<b>c</b> Net income or (loss) from fundraising events . . . . .		-884,976		-884,976		
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
	<b>b</b> Less cost of goods sold . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue		Business Code				
<b>11a</b> MISC INCOME	900099	74,780		74,780		
<b>b</b> RELATED MERCHANDISE SALES	711120	68,001	68,001			
<b>c</b>						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .		142,781				
<b>12 Total revenue.</b> See Instructions . . . . .		38,229,695	23,484,920	185,289	3,710,852	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response to any question in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
<b>2</b>	Grants and other assistance to individuals in the United States. See Part IV, line 22	1,466,518	1,466,518		
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees	2,571,614	986,608	1,585,006	
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b>	Other salaries and wages	13,115,094	10,867,466	1,087,282	1,160,346
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	428,043	384,905	19,428	23,710
<b>9</b>	Other employee benefits	1,828,492	1,546,638	163,081	118,773
<b>10</b>	Payroll taxes	1,088,061	872,605	146,889	68,567
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management				
<b>b</b>	Legal	63,773		63,773	
<b>c</b>	Accounting	149,078		149,078	
<b>d</b>	Lobbying				
<b>e</b>	Professional fundraising services. See Part IV, line 17				
<b>f</b>	Investment management fees	195,882		195,882	
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,404,121	2,972,706	361,560	69,855
<b>12</b>	Advertising and promotion	1,590,432	1,590,432		
<b>13</b>	Office expenses	526,713	235,408	153,813	137,492
<b>14</b>	Information technology	190,890	131,462	41,420	18,008
<b>15</b>	Royalties	169,187	169,187		
<b>16</b>	Occupancy	1,831,808	1,653,114	127,803	50,891
<b>17</b>	Travel	2,624,220	2,566,520	46,763	10,937
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b>	Conferences, conventions, and meetings				
<b>20</b>	Interest	140,748	121,043	14,075	5,630
<b>21</b>	Payments to affiliates				
<b>22</b>	Depreciation, depletion, and amortization	1,671,614	1,437,588	167,161	66,865
<b>23</b>	Insurance	182,215	153,880	28,283	52
<b>24</b>	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
<b>a</b>	DEBT SRVC & OTHER FEES	501,781	122,422	342,396	36,963
<b>b</b>	COSTUMES & WARDROBE	384,837	384,837		
<b>c</b>	EQUIPMENT RENTAL	300,546	300,546		
<b>d</b>					
<b>e</b>	All other expenses	948,929	624,607	63,534	260,788
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	35,374,596	28,588,492	4,757,227	2,028,877
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	11,258,544	<b>1</b>	11,420,512
	<b>2</b> Savings and temporary cash investments . . . . .	9,970,684	<b>2</b>	8,414,254
	<b>3</b> Pledges and grants receivable, net . . . . .	7,139,909	<b>3</b>	5,320,418
	<b>4</b> Accounts receivable, net . . . . .	420,543	<b>4</b>	1,426,189
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	15,815	<b>8</b>	15,893
	<b>9</b> Prepaid expenses and deferred charges . . . . .	193,958	<b>9</b>	239,509
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	<b>10a</b> 52,416,054		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 12,827,421	40,945,559	<b>10c</b> 39,588,633
	<b>11</b> Investments—publicly traded securities . . . . .	68,092,844	<b>11</b>	78,082,331
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	16,538,271	<b>12</b>	15,326,415
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	2,248,264	<b>15</b>	2,575,579
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	156,824,391	<b>16</b>	162,409,733	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	5,160,255	<b>17</b>	4,990,836
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	1,690,031	<b>19</b>	1,970,742
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	13,834,567	<b>25</b>	13,831,433
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	20,684,853	<b>26</b>	20,793,011
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	76,150,381	<b>27</b>	79,310,454
	<b>28</b> Temporarily restricted net assets . . . . .	15,368,678	<b>28</b>	17,578,933
	<b>29</b> Permanently restricted net assets . . . . .	44,620,479	<b>29</b>	44,727,335
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	136,139,538	<b>33</b>	141,616,722	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	156,824,391	<b>34</b>	162,409,733	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	38,229,695
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	35,374,596
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	2,855,099
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	136,139,538
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	2,622,085
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	141,616,722

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>3b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 13-2584273  
**Name:** ALVIN AILEY DANCE FOUNDATION INC

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES G ABRUZZO TRUSTEE	5 00	X						0	0	0
GINA F ADAMS TRUSTEE	5 00	X						0	0	0
FRANK R AHIMAZ FROM 912 TRUSTEE	5 00	X						0	0	0
SIMIN N ALLISON VICE CHAIR	5 00	X		X				0	0	0
ELEANOR S APPLEWHAITE ESQ TRUSTEE	5 00	X						0	0	0
ROBERT BATTLE TRUSTEE/ARTISTIC DIRECTOR	50 00	X						319,552	0	19,585
NICOLE A BERNARD TRUSTEE	5 00	X						0	0	0
ANTOINETTE COOPER BLAIR TRUSTEE (THRU 10/12)	5 00	X						0	0	0
JUDITH BYRD TRUSTEE	5 00	X						0	0	0
ANTHONY M CARVETTE TRUSTEE	5 00	X						0	0	0
KATHRYN C CHENAULT TRUSTEE	5 00	X						0	0	0
DAVID S DANIEL THRU 912 TRUSTEE	5 00	X						0	0	0
CATHERINE DAVIS THRU 912 TRUSTEE	5 00	X						0	0	0
DARIA FOSTER VICE CHAIR	5 00	X		X				0	0	0
GUIDO GOLDMAN VICE CHAIR	5 00	X		X				0	0	0
ANITA-AGNES O HASSELL TRUSTEE	5 00	X						0	0	0
JENNY IRELAND FROM 912 TRUSTEE	5 00	X						0	0	0
ANTHONY KENDALL FROM 313 TRUSTEE	5 00	X						0	0	0
ROBERT KISSANE VICE CHAIR	5 00	X		X				0	0	0
DEBRA L LEE VICE CHAIR	5 00	X		X				0	0	0
MICHELLE Y LEE TRUSTEE	5 00	X						0	0	0
NATASHA LEIBEL LEVINE MD TRUSTEE	5 00	X						0	0	0
ANTHONY A LEWIS TRUSTEE	5 00	X						0	0	0
LINDA M LINDENBAUM VICE CHAIR	5 00	X		X				0	0	0
LESLIE L MAHERAS TRUSTEE	5 00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ARTHUR J MAHON THRU 912 TRUSTEE	5 00	X						0	0	0
HENRY MCGEE PRESIDENT	8 00	X		X				0	0	0
ARTHUR J MIRANTE II VICE CHAIR	5 00	X		X				0	0	0
DAVID E MONN TRUSTEE	5 00	X						0	0	0
GABRIELLA E MORRIS TRUSTEE	5 00	X						0	0	0
MARYLIN PRINCE TRUSTEE	5 00	X						0	0	0
STANLEY PLESENT ESQ TRUSTEE	5 00	X						0	0	0
ROBIN ROYALS TRUSTEE	5 00	X						0	0	0
JOHN H SCHAEFER VICE CHAIR	5 00	X		X				0	0	0
RICHARD SPECIALE TRUSTEE	5 00	X						0	0	0
LEMAR SWINNEY TRUSTEE	5 00	X						0	0	0
JOAN H WEILL CHAIR	10 00	X		X				0	0	0
PAMELA ROBINSON CFO/TREASURER	40 00			X				235,432	0	124,537
BENNETT RINK EXECUTIVE DIRECTOR (FROM 1/1/13)	40 00			X				291,640	0	150,848
SHARON LUCKMAN EXEC DIR/SECRETARY (UNTIL 1/1/13)	50 00			X				1,555,676	0	21,829
ELENA PAUL DIR LEGAL & BUS AFFAIRS/BOARD SEC'T	40 00			X				51,417	0	1,789
MASAZUMI CHAYA ASSOCIATE ARTISTIC DIRECTOR	40 00				X			242,023	0	286,924
CALVIN HUNT SENIOR DIRECTOR OF PERF & PRODUCTION	40 00				X			219,355	0	99,936
THOMAS COTT DIRECTOR OF MARKETING	40 00					X		195,739	0	17,867
CHRISTOPHER ZUNNER DIRECTOR OF PUBLIC RELATIONS	40 00					X		173,244	0	14,880
MICHAEL LEDERMAN DIRECTOR OF IT	40 00					X		149,151	0	37,133
AMANDA NELSON DEPUTY DIR OF DEV	40 00					X		157,379	0	16,632
MELANIE PERSON CO-DIRECTOR/AILEY SCHOOL	40 00					X		130,907	0	12,477
JUDITH JAMISON ARTISTIC DIRECTOR EMERITA	10 00						X	142,466	0	34

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

**Name of the organization**

ALVIN AILEY DANCE FOUNDATION INC

**Employer identification number**

13-2584273

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I b  Type II c  Type III - Functionally integrated d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total support</b> (Add lines 7 through 10)						
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b> Public support percentage for 2011 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶		
<b>b 33 1/3% support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶		
<b>17a 10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
<b>b 10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	9,458,190	10,564,613	11,957,843	14,322,871	10,848,634	57,152,151
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	20,077,801	18,006,738	21,815,843	22,961,068	23,484,920	106,346,370
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	29,535,991	28,571,351	33,773,686	37,283,939	34,333,554	163,498,521
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	10,357,289	1,460,327	2,503,799	5,953,000	1,791,970	22,066,385
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
<b>c</b> Add lines 7a and 7b	10,357,289	1,460,327	2,503,799	5,953,000	1,791,970	22,066,385
<b>8 Public support</b> (Subtract line 7c from line 6 )						141,432,136

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6	29,535,991	28,571,351	33,773,686	37,283,939	34,333,554	163,498,521
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,574,371	2,310,536	1,790,658	1,991,133	2,400,624	11,067,322
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	2,574,371	2,310,536	1,790,658	1,991,133	2,400,624	11,067,322
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	95,113	111,113	159,838	187,021	185,289	738,374
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	50,513	61,723	30,931	33,072	74,780	251,019
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	32,255,988	31,054,723	35,755,113	39,495,165	36,994,247	175,555,236
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	80.560%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	77.830%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	6.300%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17	<b>18</b>	6.150%

- 19a 33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>
-------------------------------------

<b>Explanation</b>
--------------------

SCHEDULE A, PART II, LINE 12, EXPLANATION OF OTHER INCOME MISCELLANEOUS INCOME

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization ALVIN AILEY DANCE FOUNDATION INC

Employer identification number 13-2584273

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: (a) Donor advised funds, (b) Funds and other accounts, and a Yes/No column. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for types of easements, questions about monitoring, expenses, and reporting requirements.

Table titled 'Held at the End of the Year' with rows 2a, 2b, 2c, and 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for revenues and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

Table with 2 columns: Description (1c-1f) and Amount

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include 1a-1g.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment 20.000%
b Permanent endowment 75.000%
c Temporarily restricted endowment 5.000%
The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

Table with 2 columns: Yes, No. Rows for 3a(i) unrelated organizations, 3a(ii) related organizations, and 3b.

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a-1e and Total.



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	39,519,924
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	2,622,085
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	113,899
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	-1,249,873
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	1,486,111
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	38,033,813
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	195,882
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	195,882
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	38,229,695

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	34,042,740
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	113,899
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	113,899
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	33,928,841
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	195,882
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	1,249,873
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	1,445,755
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	35,374,596

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE FOUNDATION'S ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS THE FOUNDATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE ORGANIZATION MUST HOLD IN PERPETUITY OR FOR A DONOR-SPECIFIED PERIOD(S) AS WELL AS BOARD-DESIGNATED FUNDS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	MANAGEMENT HAS EVALUATED THE FOUNDATION'S TAX POSITIONS AND HAS CONCLUDED THAT THE FOUNDATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS GENERALLY, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY U S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2010, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK PERIOD
PART XI, LINE 2D - OTHER ADJUSTMENTS		TUITION REMISSIONS & OTHER GRANTS -1,249,873
PART XII, LINE 4B - OTHER ADJUSTMENTS		TUITION REMISSIONS & OTHER GRANTS 1,249,873

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ALVIN AILEY DANCE FOUNDATION INC

**Employer identification number**

13-2584273

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

**3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	DANCE PERFORMANCES	314,076
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	DANCE PERFORMANCES	99,123
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		15,326,415
<b>3a</b> Sub-total	0	0			15,739,614
<b>b</b> Total from continuation sheets to Part I	0	0			0
<b>c</b> Totals (add lines 3a and 3b)	0	0			15,739,614

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)

- 2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ \_\_\_\_\_
- 3** Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_



**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*  Yes  No



SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization ALVIN AILEY DANCE FOUNDATION INC

Employer identification number

13-2584273

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>ONG DINNER</u> (event type)	<u>APOLLO DINNER</u> (event type)	<u>1</u> (total number)	(add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	2,359,489	964,329	706,306	4,030,124
	<b>2</b> Less Contributions . . . . .	2,239,004	942,880	609,671	3,791,555
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	120,485	21,449	96,635	238,569
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .		43,379		43,379
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	460,090	321,153	298,923	1,080,166
<b>10</b>	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				(1,123,545)
<b>11</b>	Net income summary Combine line 3, column (d), and line 10 . . . . . ▶				-884,976

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		<b>1</b> Gross revenue . . . . .			
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b>	Volunteer labor . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>7</b>	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b>	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the organization operate gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity operated in

<b>a</b> The organization's facility	<b>13a</b>	
<b>b</b> An outside facility	<b>13b</b>	

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
------------	------------------	-------------

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

2012

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ALVIN AILEY DANCE FOUNDATION INC

Employer identification number 13-2584273

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) TUITION REMISSION	340	1,050,652			
(2) LIVING STIPENDS	54	226,261			
(3) TUITION ASSISTANCE	13	181,850			
(4) PROFESSIONAL DEVELOPMENT	1	7,755			

**Part IV Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 STUDENT AID IS GIVEN IN THE FORM OF TUITION REMISSION, WHICH IS APPLIED DIRECTLY TO THE STUDENT'S ACCOUNT OTHER AID IS GIVEN THROUGH CASH STIPENDS FOR LIVING EXPENSES THIS AID IS DISBURSED EACH SEMESTER WHEN THE STUDENT ARRIVES THE STUDENT MUST MAINTAIN SATISFACTORY ACADEMIC PROGRESS IN ALL OF THEIR CLASSES

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ALVIN AILEY DANCE FOUNDATION INC

Employer identification number

13-2584273

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |   |   |
|---|---|
| <input type="checkbox"/> First-class or charter travel                        | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                                | <input type="checkbox"/> Payments for business use of personal residence            |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?  
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?  
If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?  
If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>		No
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 1A	A HOUSING ALLOWANCE AND PAYMENTS TO OFFSET TAX CONSEQUENCES WERE PAID TO THE ARTISTIC DIRECTOR EMERITA THESE AMOUNTS ARE INCLUDED IN "OTHER REPORTABLE COMPENSATION" AND REPORTED ON THE W2
	PART I, LINE 4B	<p>THE FORMER EXECUTIVE DIRECTOR HAD AN EMPLOYMENT CONTRACT WITH THE FOUNDATION COVERING THE PERIOD FROM JULY 1, 2009 TO JUNE 30, 2013 INCLUDED IN THE AGREEMENT WAS THE PROVISION FOR A SPECIAL BONUS OF \$500,000 AND A SUPPLEMENTAL RETIREMENT PAYMENT OF \$600,000, TO BE PAID TO HER UPON EITHER (1) THE TERMINATION OF THE EMPLOYMENT PERIOD ON THE EXPIRATION DATE WITHOUT HER SEPARATION FROM SERVICE PRIOR TO SUCH EXPIRATION DATE, OR (2) A TERMINATION OF THE EMPLOYMENT PERIOD PRIOR TO THE EXPIRATION DATE DUE TO HER SEPARATION FROM SERVICE DUE TO AN INVOLUNTARY TERMINATION OF HER EMPLOYMENT BY THE FOUNDATION WITHOUT CAUSE OR THE CONSTRUCTIVE DISCHARGE BY THE FOUNDATION UPON APPOINTMENT OF A NEW EXECUTIVE DIRECTOR IN DECEMBER 2012, THE SPECIAL BONUS AND SUPPLEMENTAL RETIREMENT PAYMENT WERE PAID TO HER AND ARE SHOWN ON SCHEDULE J, PART II, COLUMN B(III) COLUMN F INCLUDES 3/4 OF THE TOTAL PAYMENT, AS THIS AMOUNT WAS INCLUDED ON PRIOR YEARS' FORM 990 RETURNS THE ASSOCIATE ARTISTIC DIRECTOR HAS AN AGREEMENT WITH THE FOUNDATION TO BE PROVIDED A SUPPLEMENTAL RETIREMENT PENSION PAYMENT THE AGREEMENT COVERS THE PERIOD FROM JULY 1, 2010 TO JUNE 30, 2014 THE PAYMENT OF \$1,060,000 WILL BE MADE TO HIM OR TO HIS DESIGNATED DEATH BENEFICIARY/IES, AS THE CASE MAY BE, ON OR AS SOON AS PRACTICABLE AFTER THE FIRST TO OCCUR OF (I) HIS TERMINATION OF EMPLOYMENT ON ACCOUNT OF HIS DEATH OR DISABILITY PRIOR TO JUNE 30, 2014, (II) HIS INVOLUNTARY TERMINATION OF EMPLOYMENT BY AADF PRIOR TO JUNE 30, 2014 WITHOUT CAUSE, (III) JUNE 30, 2014 IF HE IS AN ACTIVE EMPLOYEE OF AADF ON JUNE 30, 2014, OR (IV) ANY TERMINATION OF EMPLOYMENT BY HIM OCCURRING AT A TIME AND UNDER CIRCUMSTANCES THAT WOULD GIVE HIM UNPAID LEAVE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT OF 1993 IF HE HAD ELECTED TO TAKE A LEAVE OF ABSENCE RATHER THAN TO TERMINATE HIS EMPLOYMENT INCLUDED ON SCHEDULE J, PART II, COLUMN C IS \$265,000, WHICH REPRESENTS 1/4 OF THE TOTAL AMOUNT LISTED ABOVE THIS AMOUNT HAS NOT BEEN PAID AND HAS ONLY BEEN INCLUDED RATABLY UNDER THE PERIOD THE SERVICES ARE TO BE PERFORMED UNDER THE CONTRACT, PER THE INSTRUCTIONS FOR SCHEDULE J THE FOUNDATION ENTERED INTO A "PAY TO STAY" AGREEMENT WITH THREE OF ITS SENIOR STAFF THE AGREEMENT PROVIDES THE PARTICIPANTS WITH THE INCENTIVE TO REMAIN WITH THE FOUNDATION FOR A PERIOD OF TIME, COVERED IN THE AGREEMENT THE EFFECTIVE DATE OF THE AGREEMENT IS APRIL 1, 2012 AND ENDS ON VARIOUS DATES, ALL WITHIN THE 2014 CALENDAR YEAR EACH PARTICIPANT WILL RECEIVE A SINGLE LUMP SUM PAYMENT, LESS TAX WITHHOLDINGS, AS SOON AS PRACTICABLE FOLLOWING THE PARTICIPANT'S PAYMENT DATE, IF THE PARTICIPANT MAINTAINS HIS/HER ELIGIBLE ACTIVE PARTICIPATORY EMPLOYMENT WITH THE FOUNDATION THROUGH HIS/HER PAYMENT DATE EXCEPTIONS ARE AS FOLLOWS (I) IF A PARTICIPANT IS INVOLUNTARILY TERMINATED BY THE FOUNDATION FOR REASONS OTHER THAN CAUSE BETWEEN THE EFFECTIVE DATE AND THE PARTICIPANT'S PAYMENT DATE, THE PARTICIPANT SHALL RECEIVE THE PLAN BENEFITS, (II) IF A PARTICIPANT TERMINATES EMPLOYMENT WITH THE FOUNDATION DUE TO DEATH OR DISABILITY BETWEEN THE EFFECTIVE DATE AND THE PARTICIPANT'S PAYMENT DATE, THE PARTICIPANT SHALL RECEIVE AN APPLICABLE PORTION OF THE PLAN BENEFITS, (III) IF A PARTICIPANT IS OFFERED THE POSITION OF EXECUTIVE DIRECTOR OF THE FOUNDATION BETWEEN THE EFFECTIVE DATE AND THE PARTICIPANT'S PAYMENT DATE, THE PARTICIPANT SHALL RECEIVE AN APPLICABLE PORTION OF THE PLAN BENEFITS, IF THE PARTICIPANT REMAINS IN THE EMPLOY OF THE FOUNDATION THROUGH HIS OR HER PAYMENT DATE SAID PORTION IS TO BE CALCULATED AS DESCRIBED IN THE AGREEMENT, (IV) A PARTICIPANT WHO IS TERMINATED BY THE FOUNDATION FOR CAUSE OR WHO VOLUNTARILY TERMINATES HIS OR HER EMPLOYMENT WITH THE FOUNDATION PRIOR TO HIS OR HER PAYMENT DATE SHALL NOT BECOME ENTITLED TO ANY PLAN BENEFITS THE AGREEMENT COVERS THE SENIOR DIRECTOR OF PERFORMANCE &amp; PRODUCTION, THE CFO, AND THE NEW EXECUTIVE DIRECTOR (FORMERLY SENIOR DIRECTOR OF EXTERNAL AFFAIRS), WITH PAYOUT AMOUNTS RANGING FROM \$250,000 TO \$310,000 INCLUDED ON SCHEDULE J, PART II, COLUMN C IS THE ACCRUED PORTION, FOR CALENDAR YEAR 2012, OF EACH PARTICIPANT'S PAYMENT AMOUNT, AS LISTED ABOVE THIS AMOUNT HAS NOT BEEN PAID AND HAS ONLY BEEN INCLUDED RATABLY UNDER THE PERIOD THE SERVICES ARE TO BE PERFORMED UNDER THE AGREEMENT, PER THE INSTRUCTIONS FOR SCHEDULE J</p>

**Software ID:**  
**Software Version:**  
**EIN:** 13-2584273  
**Name:** ALVIN AILEY DANCE FOUNDATION INC

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ROBERT BATTLE	(i)	319,552	0	0	6,750	12,835	339,137	0
	(ii)	0	0	0	0	0	0	0
PAMELA ROBINSON	(i)	235,432	0	0	96,867	27,670	359,969	0
	(ii)	0	0	0	0	0	0	0
BENNETT RINK	(i)	291,640	0	0	123,000	27,848	442,488	0
	(ii)	0	0	0	0	0	0	0
SHARON LUCKMAN	(i)	455,676	0	1,100,000	7,500	14,329	1,577,505	825,000
	(ii)	0	0	0	0	0	0	0
MASAZUMI CHAYA	(i)	242,023	0	0	272,032	14,892	528,947	0
	(ii)	0	0	0	0	0	0	0
CALVIN HUNT	(i)	219,355	0	0	89,981	9,955	319,291	0
	(ii)	0	0	0	0	0	0	0
THOMAS COTT	(i)	195,739	0	0	5,988	11,879	213,606	0
	(ii)	0	0	0	0	0	0	0
CHRISTOPHER ZUNNER	(i)	173,244	0	0	5,250	9,630	188,124	0
	(ii)	0	0	0	0	0	0	0
MICHAEL LEDERMAN	(i)	149,151	0	0	5,196	31,937	186,284	0
	(ii)	0	0	0	0	0	0	0
AMANDA NELSON	(i)	157,379	0	0	5,325	11,307	174,011	0
	(ii)	0	0	0	0	0	0	0
JUDITH JAMISON	(i)	0	0	142,466	0	34	142,500	0
	(ii)	0	0	0	0	0	0	0

**Schedule K  
(Form 990)**

OMB No 1545-0047

**Supplemental Information on Tax Exempt Bonds**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ALVIN AILEY DANCE FOUNDATION INC

Employer identification number  
13-2584273

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> TRUST FOR CULTURAL RESOURCES OF THE CITY OF NEW YORK	91-1882413	649717MV4	11-06-2003	20,000,000	TO FINANCE PART OF THE CONSTRUCTION COSTS OF THE ORGANIZATION'S FACILITIES		X		X		X

**Part II Proceeds**

	A	B	C	D
<b>1</b> Amount of bonds retired				
<b>2</b> Amount of bonds legally defeased				
<b>3</b> Total proceeds of issue	20,000,000			
<b>4</b> Gross proceeds in reserve funds				
<b>5</b> Capitalized interest from proceeds	626,103			
<b>6</b> Proceeds in refunding escrows				
<b>7</b> Issuance costs from proceeds	440,173			
<b>8</b> Credit enhancement from proceeds				
<b>9</b> Working capital expenditures from proceeds				
<b>10</b> Capital expenditures from proceeds	18,762,525			
<b>11</b> Other spent proceeds	171,200			
<b>12</b> Other unspent proceeds				
<b>13</b> Year of substantial completion	2007			
	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue?		X		
<b>15</b> Were the bonds issued as part of an advance refunding issue?		X		
<b>16</b> Has the final allocation of proceeds been made?	X			
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property?		X						

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?	X							
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0%		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0%		%		%		%
<b>6</b> Total of lines 4 and 5		0%		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test?		X						
<b>8a</b> Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T?		X						
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet?		X						
<b>b</b> Exception to rebate?		X						
<b>c</b> No rebate due?		X						
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
<b>3</b> Is the bond issue a variable rate issue?	X							
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
<b>b</b> Name of provider								
<b>c</b> Term of hedge								
<b>d</b> Was the hedge superintegrated?								
<b>e</b> Was a hedge terminated?								

**Part IV Arbitrage (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider								
<b>c</b> Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148?		X						

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?								

**Part VI Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization ALVIN AILEY DANCE FOUNDATION INC

Employer identification number 13-2584273

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Rows include Art, Books, Clothing, Cars, Boats, Intellectual property, Securities, Real estate, Collectibles, Food inventory, etc.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

Table with 3 columns: Question (30a, 31, 32a, 33), Yes, No. Contains questions about property holding periods, gift acceptance policies, and solicitation of contributions.

**Part III Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTIONS	PART I, COLUMN (B)	THE NUMBER OF CONTRIBUTORS ABOVE REPRESENTS THE NUMBER OF DONORS OF NON-CASH ITEMS DURING THE FISCAL YEAR ENDED JUNE 30, 2013

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization  
ALVIN AILEY DANCE FOUNDATION INC

**Employer identification number**

13-2584273

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	
	FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, THE CONFLICT OF INTEREST POLICY IS SENT TO EACH MEMBER OF THE BOARD, AS WELL AS THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES. THE POLICY IS REVIEWED AND DISCUSSED AT ONE BOARD MEETING EACH YEAR. INDIVIDUALS ARE REQUIRED TO COMPLETE AND RETURN A QUESTIONNAIRE WHICH WOULD NOTE ANY NECESSARY DISCLOSURES OR CONFLICTS. THE CFO REVIEWS EACH COMPLETED QUESTIONNAIRE AND, IF A CONFLICT ARISES, THE CFO WILL BRING THE MATTER TO THE ATTENTION OF THE EXECUTIVE DIRECTOR.
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE OF THE BOARD PERFORMS DUE DILIGENCE ON APPROPRIATE COMPENSATION FOR THE EXECUTIVE DIRECTOR AND MAKES A RECOMMENDATION TO THE EXECUTIVE COMMITTEE FOR APPROVAL. THE COMPENSATION COMMITTEE SEEKS DIRECTION AND ADVICE FROM OUTSIDE COUNSEL, WHO SPECIALIZE IN EXECUTIVE COMPENSATION, AND FROM CONSULTANTS WHO PERFORM BENCHMARKING ANALYSIS TO ASSIST IN DEVELOPING THE RECOMMENDATION. THE EXECUTIVE COMMITTEE MEETS WITH THE COMPENSATION COMMITTEE AND COUNSEL TO REVIEW THE PROPOSED COMPENSATION. AADF PERFORMS INTERNAL BENCHMARKING FOR OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION USING PUBLISHED SURVEYS AND OTHER RESOURCES. SALARY RECOMMENDATIONS ARE PROPOSED BY THE EXECUTIVE DIRECTOR TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR APPROVAL. THESE RECOMMENDATIONS ARE ALSO REVIEWED BY A MEMBER OF THE BOARD WHO IS A PROFESSIONAL IN EXECUTIVE RECRUITMENT.
	FORM 990, PART VI, SECTION C, LINE 19	THE IRS FORM 990 IS AVAILABLE UPON REQUEST AND ALSO ON WEBSITES SUCH AS GUIDESTAR.ORG, GOVERNING DOCUMENTS, SUCH AS THE CONFLICT OF INTEREST POLICY AND THE AUDITED FINANCIAL STATEMENTS, ARE NOT AVAILABLE TO THE GENERAL PUBLIC.
	FORM 990, PART VII	THE ORGANIZATION, IN A FULL TRANSPARENCY POSTURE TO REPORTING, IS REPORTING ALL BENEFITS IN FULL IN PART VII, COLUMN F, AND NOT APPLYING THE \$10,000 PER ITEM EXCEPTION FOR CERTAIN BENEFITS.
	FORM 990, PART VII & SCHEDULE J	ROBERT BATTLE, ARTISTIC DIRECTOR & TRUSTEE, IS COMPENSATED FOR HIS SERVICE TO THE ORGANIZATION AS THE ARTISTIC DIRECTOR, NOT FOR HIS SERVICE AS A TRUSTEE.